

CLAIMS ONLY						Application Number 10/718320	Filing Date							
						Applicant(s)								
						* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend		
	Indep	Depend	Indep	Depend	Indep	Depend								
1							61							
2							62							
3							63							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	3						Total Indep					Total Indep		
Total Depend	24		<		<		Total Depend	<		<		Total Depend	<	
Total Claims	27		<		<		Total Claims					Total Claims		